

Federal Communications Commission
Washington, D. C. 20554


Application to Participate in an FCC MDS Auction
(Read Instructions on Back Before Completing)

Special Use				
FCC Use Only				

—DRAFT—
OMB APPROVAL
PENDING. Applicants
should file only OMB
approved form

1. Applicant			8. Applicant Classification: <input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Other _____		<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
2. Mail Address (No P.O. Boxes)			9. Small Business Eligibility <input type="checkbox"/> Annual gross revenues do not exceed \$40 million (See 47 C.F.R. 21.960, 21.961)		10. Designated Entity Status: <input type="checkbox"/> Rural telephone company <input type="checkbox"/> Minority owned business <input type="checkbox"/> Woman owned business <input type="checkbox"/> Small Business <input type="checkbox"/> None of the above
3. City	4. State	5. ZIP Code			
6. Auction Number	7. FCC Account Number				

11. Markets for which you want to bid. If more than 5 markets, use supplemental form (FCC 175-S).

Market No. ALL <input type="checkbox"/>	Enter Basic Trading Area(s) or Check All ALL <input type="checkbox"/>
(a)	
(b)	
(c)	
(d)	
(e)	

☐ Check here if supplemental forms 175-S are attached. Indicate number of supplemental forms 175-S attached: _____

☐ Check here if exhibits are attached. Indicate number of exhibits attached: _____

12. Person(s) authorized to make or withdraw a bid (Typed/Printed Name)

(a)	(b)	(c)
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Certification: I certify the following:

- (1) that the applicant is legally, technically, financially and otherwise qualified pursuant to 308(b) of the Communications Act and the Commission's Rules and is in compliance with the foreign ownership provisions contained in Section 310 of the Communications Act.
- (2) that the applicant is the real party in interest in this application and that there are no agreements or understandings other than those specified in this application (see Instructions for certification), which provide that someone other than the applicant shall have an interest in the license.
- (3) that the applicant is aware that, if upon Commission inspection, this application is shown to be defective, the application may be dismissed without further consideration, and certain fees forfeited. Other penalties may also apply.
- (4) that the applicant has not entered into and will not enter into any explicit or implicit agreements or understandings of any kind with parties not identified in this application regarding the amount to be bid, bidding strategies or the particular license on which the applicant or other parties will or will not bid.
- (5) that the applicant, or any party to this application, is not subject to a denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988.
- (6) that if designated entity status is claimed in block 10, the applicant is eligible for any special provisions set forth in the Commission's Rules applicable to this auction and consents to audits, as set forth in the Commission's Rules, to verify such status.
- (7) that the applicant is and will, during the pendency of its application(s), remain in compliance with any service specific qualifications applicable to the licenses on which the applicant intends to bid including, but not limited to, financial qualifications.

I declare, under penalties of perjury, that I am an authorized representative of the above-named applicant for the license(s) specified above, that I have read the instructions and the foregoing certification and all matters and things stated in this application and attachments, including exhibits, are true and correct.

Typed/Printed Name of Person Certifying	Title of Person Certifying	Date
Signature of Person Certifying (Blue Ink ONLY)	Contact Person	Telephone No.
		FAX No.

Willful false statements made on this form are punishable by fine and imprisonment (U.S. Code, Title 18, Section 1001), and/or revocation of any station license or construction permit (U.S. Code, Title 47, Section 312(a)(1)), and/or forfeiture (U.S. Code, Title 47, Section 503).

FCC 175-M
September 1995

INSTRUCTIONS

Item 1. Applicant Name: Enter the legal name of the person or entity applying to participate in an auction. If other than an individual, insert the exact name of the entity as it appears on the legal document(s) establishing the entity such as the Articles of Incorporation. [NOTE: Applicants who have entered into an arrangement(s) of any kind relating to the license(s) specified in this application must provide additional information. See certification instructions below.]

Item 2. Applicant Mailing Address: Enter the street address to which the entity wants future correspondence relating to this application to be mailed. Indicate street numbers or rural route numbers as appropriate.

Item 3. City: Enter the city name for the applicant mailing address.

Item 4. State: Enter the two letter state abbreviation for the applicant mailing address.

Item 5. ZIP Code: Enter the ZIP Code for the applicant address.

Item 6. Auction Number: Enter the appropriate auction number. This number will be supplied by the Commission in the Public Notice announcing the auction.

Item 7. FCC Account No.: Enter your personal identification number. This number must consist of ten digits. You have two options to create this FCC Account Number. Option 1 - You must use your taxpayer identification number (TIN) with a prefix of "0", e.g., 0123456789, if you have a TIN. Option 2 - if you do not have a TIN, use your ten-digit telephone number (e.g., 5552345678). You should use this same number when submitting additional information/material regarding this application, including any required fees submitted to the Commission on FCC Form 159, FCC Remittance Advice (i.e., use the same number for this form and the FCC Account Number on FCC Form 159).

Item 8. Applicant Classification: Place an [x] in the appropriate box preceding the type of entity to indicate the type of legal entity applying. If an [x] is placed in the "Other" box, indicate the type of entity applying in the space provided (e.g., governmental entity, association, etc.). Limited liability companies should check the "Partnership" box.

Item 9. Small Business Eligibility: Place an [x] in the box provided if the applicant's annual gross revenues do not exceed \$40 million. See 47 CFR Sections 21.960, 21.961. If the applicant places an [x] in the annual gross revenues box, it will be certifying that its gross revenues do not exceed \$40 million.

Item 10. Designated Entity Status: Place an [x] in the appropriate box. This information will be used for purposes of determining the

applicant's eligibility for any special provisions available for designated entities, which for the purposes of MDS are small businesses. The remaining information will be used for statistical purposes only. See 47 C.F.R. Section 1.2110.

Item 11. Markets: Enter the code for the market(s) on which you want to bid in the column under Market No. Use a separate line (a-e) for each different market. If you want to be eligible to bid on licenses in more than five markets, you must use Supplemental Form, FCC Form 175-S. Place an [x] in the box below the table to indicate that there are supplementary forms attached, and specify the number of supplemental forms. If, however, you want to be eligible to bid on licenses in all markets, you should place an [x] in the box marked "ALL", and you need not submit supplementary forms. After each market number, list the name of the Basic Trading Area which corresponds with the market number. These market numbers and Basic Trading Areas will be identified by the Commission in a Public Notice. **Exhibits:** If exhibits are attached to the application, check the box provided and indicate the number of exhibits.

Item 12. Authorized Representative: Type or print the name(s) of the person(s) you wish to designate as an authorized representative(s). Only authorized representatives will be allowed to make or withdraw bids at an auction. You may list a maximum of three (3) authorized representatives.

Certification: Read the certification. Enter the typed/printed name of the individual authorized to sign the application, his/her title, date signed, authorized individual's signature, the name of a person familiar with the application (contact person) and the phone number and fax number (including area code) of the contact person. See Part 1, Subpart Q of the Commission's Rules. All applications must bear an original signature of a person authorized to sign on behalf of the applicant. List in the space provided below or in an exhibit the name, citizenship and address of all partners, if the applicant is a partnership; of a responsible officer or director, if the applicant is a corporation; of the trustee, if the applicant is a trust, or, if the applicant is none of the foregoing, list the name, address and citizenship of a principal or other responsible person. See Part 1, Subpart Q of the Commission's Rules.

Also list in the space provided below or in an exhibit all parties with whom the applicant has entered into an agreement(s), of any kind, relating to the licenses being auctioned including such agreement(s) relating to the post-auction market structure. See Part 1, Subpart Q of the Commission's Rules.

NOTE: The Commission's Public Notice announcing the auction for the licenses on which you are interested in bidding contains information essential to completing this form correctly. You should also consult Part 21 of the Commission's Rules governing MDS. Forms which are completed incorrectly may be dismissed without an opportunity for resubmission.

Use this space for listing additional information required by the Certification. (If additional space is needed attach a separate sheet(s).)

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Federal Communications Commission, Records Management Division, Paperwork Reduction Project (3060-XXXX), Washington, DC 20554.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

**Application to Participate in an FCC Auction
Supplemental Form**

(This form is to be used in conjunction with FCC 175)

Applicant	Auction No.	FCC Account No.	Page ____ OF ____
Street Address/City (No P.O. Boxes)		State	ZIP Code

	Market No.	Frequency Block No.										
		1	2	3	4	5	6	7	8	9	10	11
(f)												
(g)												
(h)												
(i)												
(j)												
(k)												
(l)												
(m)												
(n)												
(o)												
(p)												
(q)												
(r)												
(s)												
(t)												
(u)												
(v)												
(w)												
(x)												
(y)												

The solicitation of personal information requested in this form is authorized by the Communications Act of 1934, as amended. The Commission will use the information to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on this form is not provided, processing may be delayed or the application may be returned without action pursuant to the Commission's rules. Your response is required to obtain the requested authority.

Public reporting burden for this information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Federal Communications Commission, Records Management Division, Washington, D.C. 20554, and to the Office of Management and Budget, Paperwork Reduction Project (3060-0600), Washington, D.C. 20503.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1975, 5 U.S.C. 522a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1980, 96-511, DECEMBER 11, 1980, 47 U.S.C. 3507

FCC Form 175-M Exhibit Instructions

As set forth on the Form 175-M (short-form application), applicants should submit information required by the Commission's rules as exhibits to the short-form as explained below. Applicants should note that they bear full responsibility for timely submission of a complete Form 175-M. Applicants should read the instructions on the Form 175-M carefully and should consult the Commission's rules to ensure that all the information that they are required to submit is included on or with their completed Form 175-M. Incomplete or defective Form 175-M applications will be returned. *See* 47 C.F.R. §§ 1.2105(b), 21.952(c). Also pursuant to the Commission's rules, each applicant is responsible for the continuing accuracy and completeness of information furnished in a Form 175-M. *See* 47 C.F.R. § 1.65. Applicants are reminded that, if designated entity status is claimed, they must certify on the short-form that they consent to be audited. *See* 47 C.F.R. § 21.960(g).

Information Required of All Applicants

EXHIBIT A: Applicant Identity and Ownership Information. Attach as **Exhibit A** the information, certified as truthful, that is required pursuant to 47 C.F.R. § 1.2105(a)(2)(ii) of the Commission's rules. This information should provide the name, citizenship and address of all partners, if the applicant is a partnership; of a responsible officer or director, if the applicant is a corporation; of the trustee, if the applicant is a trust; or, if the applicant is none of the foregoing, list the name, address and citizenship of a principal or other responsible person.

EXHIBIT B: Agreements with Other Parties/Joint Bidding Arrangements. Attach as **Exhibit B** the information, certified as truthful, that is required pursuant to 47 C.F.R. § 1.2105(a)(2)(viii). This information should identify all parties with whom the applicant has entered into partnerships, joint ventures, consortia or other agreements, arrangements or undertakings of any kind, relating to the licenses being auctioned, including any such agreements relating to post-auction market structure.

Be aware that, pursuant to Certification (4) on the Form 175-M, the applicant certifies that it will not enter into any explicit or implicit agreements or understandings of any kind with parties not identified in its application regarding the amount to be bid, bidding strategies or the particular license on which the applicant will or will not bid. *See* 47 C.F.R. § 1.2105(a)(2)(ix). *To prevent collusion, the Commission's rules generally prohibit communications during the course of the auction among applicants for the same geographic markets when such communications concern bids, bidding strategies, or settlements. See* 47 C.F.R. §§ 1.2105(c), 21.953.

Eligible applicants also certify that they qualify as a designated entity in Item #10 and Certification (6) of the Form 175-M. Before claiming designated entity status, applicants should evaluate whether they meet the definition of small business and eligibility criteria set forth in our rules. 47 C.F.R. §§ 21.960, 21.961.

FEDERAL COMMUNICATIONS COMMISSION
FCC REMITTANCE ADVICE

Approved by OMB
3060-0589
Expires 2/28/97

PAGE NO. 1 OF

(RESERVED)

SPECIAL USE

FCC USE ONLY

(Read instructions carefully BEFORE proceeding.)

PAYOR INFORMATION

(1) FCC ACCOUNT NUMBER	Did you have a number prior to this? Enter it.	(2) TOTAL AMOUNT PAID (dollars and cents)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

(3) PAYOR NAME (If paying by credit card, enter name exactly as it appears on your card)

(4) STREET ADDRESS LINE NO. 1

(5) STREET ADDRESS LINE NO. 2

(6) CITY

(7) STATE

(8) ZIP CODE

(9) DAYTIME TELEPHONE NUMBER (Include area code)

(10) COUNTRY CODE (if not U.S.A.)

ITEM #1 INFORMATION

(11A) NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR				FCC USE ONLY	
(12A) FCC CALL SIGN/OTHER ID	(13A) ZIP CODE	(14A) PAYMENT TYPE CODE	(15A) QUANTITY	(16A) FEE DUE FOR PAYMENT TYPE CODE IN BLOCK 14	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	
(17A) FCC CODE 1		(18A) FCC CODE 2			
(19A) ADDRESS LINE NO. 1	(20A) ADDRESS LINE NO. 2	(21A) CITY/STATE OR COUNTRY CODE			

ITEM #2 INFORMATION

(11B) NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR				FCC USE ONLY	
(12B) FCC CALL SIGN/OTHER ID	(13B) ZIP CODE	(14B) PAYMENT TYPE CODE	(15B) QUANTITY	(16B) FEE DUE FOR PAYMENT TYPE CODE IN BLOCK 14	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	
(17B) FCC CODE 1		(18B) FCC CODE 2			
(19B) ADDRESS LINE NO. 1	(20B) ADDRESS LINE NO. 2	(21B) CITY/STATE OR COUNTRY CODE			

CREDIT CARD PAYMENT INFORMATION

(22) MASTERCARD/VISA ACCOUNT NUMBER: EXPIRATION DATE:

☐ Mastercard ☐ Visa

(23) I hereby authorize the FCC to charge my VISA or Mastercard for the service(s)/authorization(s) herein describe.

AUTHORIZED SIGNATURE DATE

See public burden estimate on reverse.

FCC FORM 159

**NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK
REDUCTION ACT**

Section 9 of the Communications Act authorizes the FCC to request the information on this form. The information requested is required to recover costs incurred in carrying out its enforcement activities, policy and rulemaking activities, user information services, and international activities. The form will be used primarily to capture paper information in order to speed the refund process and maintain required accounts receivable information. It will also be used to collect fines and debts due the Commission.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Federal Communications Commission, Records Management Division, AMD-PIRS, Washington, DC 20554, and to the Office of Management and Budget, Office of Information and Regulatory Affairs, Paperwork Reduction Project (3060-0589), Washington, DC 20503.

ADVICE (CONTINUATION SHEET)

PAGE NO. _____ OF _____

ITEM # _____ INFORMATION									
FCC ACCOUNT # 				NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR				FCC USE ONLY	
FCC CALL SIGN/OTHER ID				ZIP CODE		PAYMENT TYPE CODE 		QUANTITY	FEE DUE FOR PAYMENT TYPE CODE \$
FCC CODE 1						FCC CODE 2			
ADDRESS LINE NO. 1				ADDRESS LINE NO. 2)				CITY/STATE OR COUNTRY CODE	
ITEM # _____ INFORMATION									
FCC ACCOUNT # 				NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR				FCC USE ONLY	
FCC CALL SIGN/OTHER ID				ZIP CODE		PAYMENT TYPE CODE 		QUANTITY	FEE DUE FOR PAYMENT TYPE CODE \$
FCC CODE 1						FCC CODE 2			
ADDRESS LINE NO. 1				ADDRESS LINE NO. 2)				CITY/STATE OR COUNTRY CODE	
ITEM # _____ INFORMATION									
FCC ACCOUNT # 				NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR				FCC USE ONLY	
FCC CALL SIGN/OTHER ID				ZIP CODE		PAYMENT TYPE CODE 		QUANTITY	FEE DUE FOR PAYMENT TYPE CODE \$
FCC CODE 1						FCC CODE 2			
ADDRESS LINE NO. 1				ADDRESS LINE NO. 2)				CITY/STATE OR COUNTRY CODE	
ITEM # _____ INFORMATION									
FCC ACCOUNT # 				NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR				FCC USE ONLY	
FCC CALL SIGN/OTHER ID				ZIP CODE		PAYMENT TYPE CODE 		QUANTITY	FEE DUE FOR PAYMENT TYPE CODE \$
FCC CODE 1						FCC CODE 2			
ADDRESS LINE NO. 1				ADDRESS LINE NO. 2)				CITY/STATE OR COUNTRY CODE	
ITEM # _____ INFORMATION									
FCC ACCOUNT # 				NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR				FCC USE ONLY	
FCC CALL SIGN/OTHER ID				ZIP CODE		PAYMENT TYPE CODE 		QUANTITY	FEE DUE FOR PAYMENT TYPE CODE \$
FCC CODE 1						FCC CODE 2			
ADDRESS LINE NO. 1				ADDRESS LINE NO. 2)				CITY/STATE OR COUNTRY CODE	

**FEDERAL COMMUNICATIONS COMMISSION
INSTRUCTIONS FOR USING FCC FORM 159 (REMITTANCE ADVICE)
AND FCC FORM 159-C (Continuation Sheet)**

FCC FORM 159 — FCC Remittance Advice Form

The FCC Form 159, "Remittance Advice" is a multi-purpose form that generally accompanies (see chart below for specific instructions) any payment to the Federal Communications Commission (e.g., Regulatory Fees, Processing Fees, Fines, Forfeitures, Freedom of Information Act (FOIA) Billings, or any other debt due to the FCC). The information on this form is collected to ensure credit for full payment, to expedite any refunds due and to service public inquiries.

What Form Do I File?

If you are:	Then:
Paying a Regulatory Fee to the Private Radio Bureau,	You do not need to submit FCC Remittance Advice, FCC Form 159. However, you must pay your regulatory fee along with your processing fee, at the time of renewal or at the time of original license application.
Paying a Processing Fee by money order or credit card to any FCC Bureau,	You must submit FCC Remittance Advice, FCC Form 159.
Paying a Processing Fee and paying for more than one action with a single payment,	You must submit FCC Remittance Advice, FCC Form 159.
Paying a Processing Fee for a service that does not require a specific FCC Form, (e.g. Request for Special Temporary Authority),	You must submit FCC Remittance Advice, FCC Form 159.
Paying a Processing Fee to the Private Radio Bureau for a service that requires FCC Form 155,	You must submit FCC Remittance Advice, FCC Form 159 instead of Form 155.
Paying a Regulatory Fee to any one of the Mass Media, Common Carrier or Cable Services Bureau,	You must submit FCC Remittance Advice, FCC Form 159.
Paying for Fines/Forfeitures, Freedom of Information Act Fees or any other debts.	All customers paying for any of these categories must submit a FCC Remittance Advice, FCC Form 159 and a copy of their notice or invoice to the appropriate lockbox. Please refer to the specific instructions accompanying your billing document.
Paying for an Auction,	You must submit FCC Remittance Advice, FCC Form 159. Consult the FCC's Public Notice for specific instructions.
Paying by wire transfer,	You must submit FCC Remittance Advice, FCC Form 159.
Paying by Western Union Quick Collect,	You must submit FCC Remittance Advice, FCC Form 159.

Specific Form Instructions

(1) **FCC Account No.** — This is a self-assigned personal identification number that consists of ten digits. You **must** use your taxpayer identification number (TIN) with a prefix of "0" (e.g., 0123456789). **Only if you do not have a TIN, you may use your ten-digit telephone number (e.g., 3012224567). There are no other options available to you to create your FCC Account No.** This number will eventually be all you will need to file an application with the FCC, so once you have determined your FCC account number you must be sure to use this same number every time you send a payment to the FCC.

(2) **Total Amount Paid** — Enter the total amount of your remittance.

(3) **Payor Name** — Enter the name of the person or company (i.e., maker of the check) responsible for payment. Enter an individual name (last, first, middle initial). If a company, enter the name which is used commercially. If paying by credit card, complete this section with the full name of the cardholder.

(4) **Street Address (Line 1)** — The street address or post office box number to which correspondence should be sent.

(5) **Street Address (Line 2)** — This line may be used if further identification of the address is required.

(6) **City** — The name of the city associated with the street address given in (4).

(7) **State** — If the payor has a United States mailing address enter the appropriate two-digit state abbreviation as prescribed by the U.S. Post Office. If the payor has a mailing address outside the United States, leave this section blank.

(8) **ZIP Code** — Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate ZIP (postal) code.

(9) **Daytime Telephone Number** — Enter the payor's ten-digit daytime telephone number, including area code. For foreign telephone numbers include the appropriate country dialing access code, as if you were calling from the United States. [For example a United Kingdom number would have the prefix (011-44) followed by the number within the UK.] This daytime telephone number should tell us where you can be reached during normal business hours if necessary. If we cannot reach you at this number during normal business hours to resolve a problem, your filing may be returned.

(10) **Country Code** — This section is for those payors who have an address outside the United States of America. Enter the appropriate code here. To obtain country code information contact the Mailing Requirements Dept. of the U.S. Postal Service.

Read this before proceeding — IT MAY SAVE YOU TIME

If the Applicant, Licensee, Regulatee or Debtor is the same as the Payor, it is not necessary to reenter your name and address in blocks 11, 13, 19, 20, & 21. However, you must complete all information in blocks 12, 14, 15, & 16. (FCC codes in blocks 17 & 18 will only be completed in special circumstances as described in a Public Notice or in your Fee Filing Guide).

(11) **Name of Applicant, Licensee, Regulatee or Debtor** — Enter the name (last, first, middle initial) as it appears on the original application or filing being submitted. If this is a company, enter name which is used commercially. Each unique applicant, licensee, regulatee or debtor must be listed separately if multiple applications or filings are submitted. If this name is the same as the payor, (block 3), it is not necessary to fill out this section.

(12) **FCC Call Sign/Other Identifier** — Enter an applicable call sign or unique FCC identifier, if any, as prescribed by the appropriate FCC Fee Filing Guide or Public Notice that applies to you.

(13) **ZIP Code** — It is not necessary to complete this section if the Payor, (block 3), is the same as the Applicant, Licensee, Regulatee or Debtor, (block 11). Enter the five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate country code here.

(14) **Payment Type Code** — This section tells us what you are paying for. Beginning with the first box, enter the correct 3 or 4 character alphabetic Payment Type Code. This code can be found in the FCC Fee Filing Guide or Public Notice appropriate to your payment. **Incorrect Payment Type Codes may result in your application or filing, if applicable, being returned to you without further processing.** You are allowed to file multiple actions. There are three ways "multiple actions" are defined. The following examples provide instructions on how multiple actions should be filed when using FCC Forms 159 & 159-C:

(i) If a single service allows for a quantity of more than one of the same action, as defined in the appropriate Fee Filing Guide or Public Notice, complete only blocks 12, 13, 14, 15 & 16. Only

enter your name and address if different than "Payor Name" (block 3). Blocks 17 & 18 are only to be completed when required by Public Notice.

(ii) If you are filing concurrent actions (not the same actions) in the same lockbox, on the same application, refer to the Fee Filing Guide or Public Notice for specific instructions as to the number of quantities allowed. Complete only blocks 12, 13, 14, 15, & 16. Complete a separate "Item Information" section for each additional action required. Only enter your name and address if different than the "Payor Name" (block 3). Blocks 17 & 18 are only to be completed when required by public notice.

(iii) If a single Remittance Advice is used to pay for more than one applicant, licensee, regulatee or debtor, and action to the same lockbox, then a separate "Item Information" section must be completed for each one. For each "Item Information" section all blocks must be completed, except Blocks 17 & 18 which are only to be completed when required by Public Notice. **Remember, if any of these applications fall into category (i) or (ii) above, you must follow those instructions as well.**

(15) **Quantity** — Enter the number of actions required with this submission. Refer to the FCC Fee Filing Guide or Public Notice for information concerning multiple requests.

(16) **Amount Due** — Enter the amount of the fee required for the Payment Type Code used in (14) above.

(17) **FCC Code 1** — This section is used for special filing codes as required by the Bureau/Office

you are filing your application with. Applicant will receive specific instructions from the Bureau/Office if this block is to be used. Do not complete this block unless instructed to do so.

(18) **FCC Code 2** — (See instructions for item 17).

(19, 20, 21) **Address** — If the same as Payor address, in blocks (4) and (5), leave blank. If multiple payment codes have been used for the same Applicant, Licensee, Regulatee or Debtor, only fill out this section one time. If different from Payor Address, in blocks (4) and (5), complete these lines with the appropriate street address.

(22) **Credit Card Data** — If remitting payment by credit card place an "x" in the appropriate block for the type of credit card being used — MasterCard or Visa only. Enter your credit card number and expiration date. **If any area required for credit card approval is incomplete, the application will be returned unprocessed.**

(23) **Authorized Signature** — Sign and date the Remittance Advice Form to authorize all credit card payments. **The action will not be processed if it is not signed and dated here.**

FCC Remittance Advice Continuation Sheet (FCC Form 159-C) — Use this form for any additional services pertaining to this filing.

Checks must be denominated in U.S. currency and deposited in a U.S. financial institution. No checks drawn on a foreign bank will be accepted.

Where Do I File?

If you are paying a:	Then:
Regulatory Fee or Processing Fee	Consult the specific FCC Bureau Fee Filing Guide (i.e., Common Carrier Bureau Fee Filing Guide, Private Radio Bureau Fee Filing Guide, Mass Media Bureau Fee Filing Guide, Cable Services Bureau Fee Filing Guide, Field Operations Bureau Fee Filing Guide, Office of Engineering and Technology Fee Filing Guide)
Fine or Forfeiture	Pay to the address designated on the notice or invoice you received
Freedom of Information Act Fee	Pay to the address designated on the invoice you received
Other Debts	Pay to the address designated in the correspondence you received

Note: Fee Filing Guides can be obtained by calling Forms Distribution — 202/632-FORM

AUCTION SPECIFIC INSTRUCTIONS FCC REMITTANCE ADVICE, FCC FORM 159

UPFRONT PAYMENTS

The following instructions are specifically written for the Multipoint Distribution Service (MDS) auction number "6". These instructions are intended to supplement the standard instructions (provided in the front of this tab) issued by the FCC's Billings and Collections Branch, at telephone number (202) 418-1995. Bidder's should ensure that they complete the FCC Form 159 accurately, since mistakes may affect their bidding eligibility. Please note that it is vital that all forms, applications, correspondence, etc. submitted to the Commission by an applicant contain identical information necessary for verification purposes. To this end, appropriate references between the FCC Form 159 Remittance Advice and the FCC Form 175-M Short Form Application have been provided below:

<u>Block Number</u>	<u>Required Information</u>
1	<u>FCC Account Number</u> - Same as FCC Form 175-M, block "7". This is a self-assigned ten-digit personal identification number. If you have a taxpayer identification number (TIN), you "must" add a zero (0) prefix and place number here (<i>i.e.</i> , "0"123456789). If you do not have a TIN you may use your current ten-digit telephone number (including area code - <i>i.e.</i> , 214 335 3456).
2	<u>Total Amount Paid</u> - Enter the total remittance based on the "Upfront Payments" or "Upfront Payments for Small Business" whichever applies taken from Tab I. B. (Summary of Authorizations to be Auctioned) of the largest combination of "activity" or "bidding" units on which the bidder anticipates being active in any single round of bidding (<i>i.e.</i> , upfront payments on three markets, New York, NY, \$113,905, Hartford, CT, \$16,209, and Albany-Schenectady, NY, \$7,516, equals a Total Amount Paid of <u>\$137,630</u>).
3	<u>Payor Name</u> - Same as FCC Form 175-M, block "1". Enter the full name of the person or company (<i>i.e.</i> , maker of the check) responsible for payment.
4	<u>Street Address (Line 1)</u> - Same as FCC Form 175-M, block "2". The street address to which correspondence should be sent.
5	<u>Street Address (Line 2)</u> - Same as FCC Form 175-M, block "2". This line may be used if further identification of the address if required.

- 6 City - Same as FCC Form 175-M, block "3". The name of the city associated with the street address given in block (4).
- 7 State - Same as FCC Form 175-M, block "4". Enter the appropriate two-digit abbreviation here.
- 8 Zip Code - Same as FCC Form 175-M, block "5". Enter the appropriate five or nine-digit code here.
- 9 Daytime Telephone Number - Same as FCC Form 175-M, lower right hand corner of the page. Enter the "payor's" ten-digit telephone number here.
- 10 Country Code - Used for payors who have addresses outside the U.S. Proper codes may be obtained from the Mailing Requirements Dept. of the U.S. Postal Service.

NOTE - IF APPLICANT, LICENSEE, REGULATEE OR DEBTOR IS THE SAME AS THE PAYOR, DO NOT COMPLETE BLOCKS 11, 13, 18, 19, 20, & 21. AS THIS AUCTION DOES NOT INVOLVE MULTIPLE APPLICATIONS OR FILINGS, APPLICANTS SHOULD COMPLETE BLOCKS 12A, 14A, 15A, 16A & 17A.

ITEM # "1" INFORMATION

- 12A FCC Call Sign/Other Identifier - Leave blank.
- 14A Payment Type Code - Enter " A M M U ".
- 15A Quantity - Enter the number "1".
- 16A Amount Due - Enter total upfront payment indicated in block (2).
- 17A FCC Code 1 - Enter the number "6".

NOTE - IN THE UPPER LEFT HAND CORNER OF THE FCC FORM 159 IS A RECTANGLE WITH THE WORD "(RESERVED)" TYPED IN THE MIDDLE OF IT. PLEASE ENTER THE NUMBER "358850" SOMEWHERE IN THIS RECTANGLE.

AUCTION SPECIFIC INSTRUCTIONS FCC REMITTANCE ADVICE, FCC FORM 159

DOWN PAYMENTS

The following instructions are specifically written for the Multipoint Distribution Service (MDS) auction number "6". These instructions are intended as a supplement to the standard instructions (provided in the front of this tab) issued by the FCC's Billings and Collections Branch, at telephone number (202) 418-1995. Please note that it is vital that all forms, applications, correspondence, etc. submitted to the Commission contain identical information necessary for verification purposes. To ensure accurate and consistent information, we refer to information submitted on the FCC Form 175-M when it is to be used again on the FCC Form 159. References between the FCC Form 159 Remittance Advice and the FCC Form 175-M Short Form Application have been provided below:

<u>Block Number</u>	<u>Required Information</u>
1	<u>FCC Account Number</u> - Same as FCC Form 175-M, block "7". This is a self-assigned ten-digit personal identification number. If you have a taxpayer identification number (TIN), you "must" add a zero (0) prefix and enter that number here, <i>i.e.</i> , "0"123456789. If you do not have a TIN you may use your current ten-digit telephone number (including area code - <i>i.e.</i> , 214- 335-3456).
2	<u>Total Amount Paid</u> - Enter the total remittance for all authorizations.
3	<u>Payor Name</u> - Same as FCC Form 175-M, block "1". Enter the full name of the person or company (<i>i.e.</i> , maker of the check) responsible for payment.
4	<u>Street Address (Line 1)</u> - Same as FCC Form 175-M, block "2". The street address to which correspondence should be sent.
5	<u>Street Address (Line 2)</u> - Same as FCC Form 175-M, block "2". This line may be used if further identification of the address is required.
6	<u>City</u> - Same as FCC Form 175-M, block "3". The name of the city associated with the street address given in block (4).
7	<u>State</u> - Same as FCC Form 175-M, block "4". Enter the appropriate two-digit abbreviation here.
8	<u>Zip Code</u> - Same as FCC Form 175-M, block "5". Enter the appropriate

five or nine-digit code here.

- 9 Daytime Telephone Number - Same as FCC Form 175-M, lower right hand corner of the page. Enter the payor's ten-digit telephone number here.
- 10 Country Code - Used for payors who have addresses outside the U.S.A. Proper codes may be obtained from the Mailing Requirements Dept. of the U.S. Postal Service.

NOTE: IF APPLICANT, LICENSEE, REGULATEE OR DEBTOR IS THE SAME AS THE PAYOR, DO NOT COMPLETE BLOCKS 11, 13, 19, 20, & 21. THIS AUCTION DOES NOT INVOLVE MULTIPLE APPLICATIONS OR FILINGS, SO WE ARE ONLY CONCERNED WITH THE REMAINING BLOCKS 12, 14, 15, 16, 17 & 18.

ITEM # "XX" INFORMATION*

- 12 FCC Call Sign/Other Identifier - Starting with "Item # 01" and continuing for "each" individual BTA authorization won through the auction, enter each Market No., as described on the "Summary of Authorizations to be Auctioned" listed in the Introduction of this Bidder's Information Package. Example - If a bidder won three authorizations under Item # 1 enter "B110" for Denver, CO., under Item # 2 enter "B153" for Fort Smith, AR, and under Item # 3 enter "B327" for Odessa, TX. Bidders will need to use the FCC Forms 159-C if they win more than two (2) authorizations.
- 14 Payment Type Code - For "Down Payments" enter "A M M D".
- 15 Quantity - Enter the number "1".
- 16 Amount Due - Enter the appropriate amount to be applied to each individual BTA authorization won.
- 17 FCC Code 1 - Enter the number "6".
- 18 FCC Code 2 - Enter the individual BTA authorization number here (see **Tab I. B.** of the Bidder's Information Package. Enter the corresponding authorization number indicated in the third column of the Summary of Authorizations to be Auctioned in this block).

NOTE: IN THE UPPER LEFT HAND CORNER OF THE FCC FORM 159 & 159-C IS A RECTANGLE WITH THE WORD "(RESERVED)" TYPED IN THE MIDDLE OF IT. PLEASE ENTER THE NUMBER "358850" SOMEWHERE IN THIS RECTANGLE.

* Note: The notation "XX" indicates the number of the authorization won at the auction and "**must**" correspond to the number of authorizations indicated on the FCC Form 159. Example - If a bidder wins ten authorizations, they will provide ten authorizations in Item "1" through Item "10" on the FCC Form 159 and 159 - C's. Please note that after "Item 2" on the FCC Form 159, the bidders will have to continue numbering the "Items" on the FCC Forms 159 - C until all authorizations are included.

Final Payment & Installment Payment Information

Specific information regarding final payments and installment payments will be included in the Public Notice (released at the conclusion of the auction) which announces the winning bidders.

FCC Form 304

A draft FCC Application for a Multipoint Distribution Service Authorization (FCC Form 304 or "long-form" application) is attached as Appendix D to the Report and Order in MM Docket No. 94-131 and PP Docket No. 93-253, FCC 95-230 (released June 30, 1995), which is contained under Tab V. of this Bidder Information Package.

LICENSEE QUALIFICATION REPORT

See reverse side for information
regarding public burden statement.

INSTRUCTIONS

- A. The "Filer" of this report is defined to include: (1) An applicant, where this report is submitted in connection with applications for common carrier and satellite radio authority as required for such applications; or (2) A licensee or permittee, where this report is required by the Commission's Rules to be submitted on an annual basis.
- B. Submit an original and one copy (sign original only) to the Federal Communications Commission, Washington, DC 20554. If more than one radio service is listed in Item 6, submit an additional copy for each such additional service. If this report is being submitted in connection with an application for radio authority, attach it to that application.
- C. Do not submit a fee with this report.

1. Business Name and Address (Number, Street, State and ZIP Code) of Filer's Principal Office:	2. (Area Code) Telephone Number: 3. If this report supercedes a previously filed report, specify its date:
4. Filer is (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify):	5. Under the laws of what State (or other jurisdiction) is the Filer organized?
6. List the common carrier and satellite radio services in which Filer has applied or is a current licensee or permittee:	
7(a) Has the Filer or any party to this application had any FCC station license or permit revoked or had any application for permit, license or renewal denied by this Commission? <i>If "YES", attach as Exhibit I a statement giving call sign and file number of license or permit revoked and relating circumstances.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
(b) Has any court finally adjudged the Filer, or any person directly or indirectly controlling the Filer, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or other means of unfair methods of competition? <i>If "YES", attach as Exhibit II a statement relating the facts.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Has the Filer, or any party to this application, or any person directly or indirectly controlling the Filer ever been convicted of a felony by any state or Federal Court? <i>If "YES", attach as Exhibit III a statement relating the facts.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
(d) Is the Filer, or any person directly or indirectly controlling the Filer, presently a party in any matter referred to Items 7(b) and 7(c)? <i>If "YES", attach as Exhibit IV a statement relating the facts.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Is the Filer, directly or indirectly, through stock ownership, contract or otherwise, currently interested in the ownership or control of any other radio stations licensed by this Commission? <i>If "YES", submit as Exhibit V the name of each such licensee and the licensee's relation to the Filer.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Filer is an individual (sole proprietorship) or partnership, answer the following and Item 11:	
9(a) Full Legal Name and Residential Address (Number, Street, State and ZIP Code) of Individual or Partners:	(b) Is individual or each member of a partnership a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) Is individual or any member of a partnership a representative of an alien or of a foreign government? <input type="checkbox"/> Yes <input type="checkbox"/> No

If Filer is a corporation, answer the following and Item 11:

10(a) Attach as Exhibit VI the names, addresses, and citizenship of those stockholders owning of record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries.

(b) List below, or attach as Exhibit VII the names and addresses of the officers and directors of the Filer.

(c) Is the Filer directly or indirectly controlled by any other corporation?

☐ Yes ☐ No

If "YES", attach as Exhibit VIII a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control. Include the following: (1) the address and primary business of the controlling corporation and any intermediate subsidiaries; (2) the names, addresses, and citizenship of those stockholders holding 10 percent or more of the controlling corporation's voting stock; (3) the approximate percentage of total voting stock held by each such stockholder; and (4) the names and addresses to the president and directors of the controlling corporation.

(d) Is any officer or director of the Filer an alien?

☐ Yes ☐ No

(e) Is more than one-fifth of the capital stock of the Filer owned of record or voted by aliens or their representatives, or by a foreign government or representative(s) thereof, or by a corporation organized under the laws of a foreign country?

☐ Yes ☐ No

(f) Is the Filer directly or indirectly controlled: (1) by any other corporation of which any officer or more than one-fourth of the directors are aliens, or (2) by any foreign corporation or corporation of which more than one-fourth of the capital stock is owned or voted by aliens or their representatives, or by a foreign government or representatives thereof.

☐ Yes ☐ No

(g) If any answer to questions (d), (e) or (f) is "YES", attach as Exhibit IX a statement identifying the aliens or foreign entities, their nationality, their relationship to the Filer, and the percentage of stock they own or vote.

11. CERTIFICATION

This report constitutes a material part of any application which cross-references it, and all statements made in the attached exhibits are a material part thereof. The ownership information contained in this report does not constitute an application for, or Commission approval of, any transfer of control or assignment of radio facilities. The undersigned, individually and for the Filer, hereby certifies that the statements made herein are true, complete and correct to the best of Filer's knowledge and belief, and are made in good faith.

WILLFUL FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE BY FINE AND IMPRISONMENT (U.S. Code, Title 18, Section 1001) and/or REVOCAION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)).	Date	Filer (Must correspond with that shown in item 1)	Typed or Printed Name
	Signature		Title

NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1980

The solicitation of personal information requested in this form is to determine if you are qualified to become or remain a licensee in a common carrier or satellite radio service pursuant to the Communications Act of 1934, as amended. No authorization can be granted unless all information requested is provided. Your response is required to obtain the requested authorization or retain an authorization.

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Federal Communications Commission, Office of Managing Director, Washington, DC 20554, and to Office of Management and Budget, Paperwork Reduction Project (3060-0105), Washington, DC 20503.

FCC Qualified Bidders Seminar

The Federal Communication Commission will sponsor a one day auction workshop and seminar for those applicants whose FCC Forms 175-M have been filed. This seminar will provide applicants instruction and assistance in the processing and filing of the FCC Remittance Advice Form (FCC Form 159) which is required with all upfront payments. Additional topics to be covered include: FCC Bid Submission Software, available bidding options, and auction activity rules.

Two representatives per company may attend. **Space is limited.**

The seminar will be held: Tuesday, October 24, 1995,
9:00 am - 5:00 pm ET

The seminar address is: Postal Square Building
2 Massachusetts Ave, N.E.
Washington, D.C. 20002
(Adjacent to Union Station; entrance on North Capitol Street)

Please fill out the information outlined below and return by mail or fax to:

Tradewinds International, Inc
GAT Washington National Airport
Suite 215
Washington, D.C. 20001

Telephone Number: (202) 637-FCC1 (637-3221)
Fax number: (703) 341-0692

**** The registration form must be returned no later than Tuesday, October 17, 1995.**

I/We will attend the Auction Workshop & Seminar on Tuesday, October 24th, 1995.

1. Name of Attendee: _____

2. Name of Attendee: _____

Company Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Fax: _____

(Upon receipt of this registration a confirmation letter and program outline will be faxed to the contact person on your FCC Form 175-M.)

